


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2004 8:00 am
Secretary of State

01-22-2004 90031 033 ****55.00

DOCUMENT # L01000014796			
1. Entity Name PLATINUM INTERNATIONAL, L.L.C.			
Principal Place of Business 8201 NW 8 STREET, SUITE 314 MIAMI, FL 33126-3920		Mailing Address 8201 NW 8 STREET, SUITE 314 MIAMI, FL 33126-3920	
2. Principal Place of Business 7970 GRAND CANAL DR Suite, Apt. #, etc.		3. Mailing Address 7970 GRAND CANAL DR Suite, Apt. #, etc.	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33144		Zip 33144	
Country		Country MIAMI-DADE	

24003100



01192004 Chg-LLC CR2E083 (10/03)

4. FEI Number
65-1148600

Applied For
Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent THE W SERVICE INC. 9500 NW 77 AVE STE 15 HIALEAH GARDENS, FL 33016		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR	<input type="checkbox"/> Delete	TITLE GIVANNI MAINARDI	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GIVANNI, MAINARO		NAME 7970 GRAN CANAL DR	
STREET ADDRESS 8201 NW 8ST ST STE 314		STREET ADDRESS MIAMI FL 33144	
CITY-ST-ZIP MIAMI, FL 331263920		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE 

1/19/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #